



Detailed Mental Health Screening Form

MENTAL HEALTH HISTORY

1. History of psychotropic medications Current usage List Medications	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Evidence of EPS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. History of psychiatric hospitalization	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. History of out-patient mental health treatment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. History of violence: (check those that apply) <input type="checkbox"/> Behavior <input type="checkbox"/> Threats <input type="checkbox"/> Verbally Assaultive <input type="checkbox"/> Physically Assultive <i>Rubbied and MP.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. History of self-injurious behavior	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. History of head injury, trauma Describe:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Length of time in county jail: _____ Years _____ Months _____ Days	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. History of placement in any special education programs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

BEHAVIORAL OBSERVATION (Check all Relevant Categories)

<input type="checkbox"/> Aggressive	<input type="checkbox"/> Irrational	<input type="checkbox"/> Passive
<input type="checkbox"/> Agitated	<input type="checkbox"/> Labile	<input checked="" type="checkbox"/> Rational
<input type="checkbox"/> Delusional	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Terrified/Crying
<input type="checkbox"/> Eye Contact	<input type="checkbox"/> Loose Associations	<input type="checkbox"/> Withdrawn
<input type="checkbox"/> Hallucinating	<input type="checkbox"/> Manipulative	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> Paranoia	

MENTAL STATUS EXAMINATION (Write in Brief Description)

Affect: —	Appearance: —
Concentration: —	Intellectual Functioning: —
Mood: Subdued	Memory: —
Orientation: —	Speech: —
Other: Bit reluctant	

Screened By: S. Bin Yun	Title: PA 2	EXHIBIT <i>E</i>
Date: 6-26-96	Time:	
Reviewed By: Kenneth Lloyd, PsyD, <i>KL</i> Psychology Supervisor	Title:	
Date: 7-5-96	Time:	
Inmate Name: Woods, Bruce	Number: 329-889	
Institution: CRC		

DOB: _____

SSN: _____

0000001

SUICIDE POTENTIAL SCREENING

1. Correctional or Transporting Officer reports subject may be suicidal risk.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Experienced a significant loss within last six months. Describe: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Worried about major problems other than legal situation. Describe: <u>Famly</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Holds position of respect in community and/or alleged crime is shocking in nature.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. First involvement with legal system. <u>3rd #</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Appears to feel unusually embarrassed or ashamed.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Expresses feelings of helplessness or hopelessness.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Shows signs of depression: crying, emotional flatness Describe: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Appears overly anxious, afraid, or angry.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Is acting and/or talking in a strange manner. (cannot focus attention, hallucinating)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11. Expresses thoughts of killing self.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12. Has made previous suicide attempts. Number: _____ Date of most Recent Attempt: _____ Method: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13. Has a suicide plan. Describe: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14. Has the means to carry out the suicide. <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15. Family member or significant other has attempted or committed suicide. Relationship: _____ Date: _____ Method: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TOTAL YES/NO COUNT <input type="checkbox"/> Yes <u>14</u> No	

If there are any checks in Behavioral Observation (Pg.1), or if the total yes count in Suicide Potential Screening is six or more, review for special watch status and refer for mental health evaluation

DISPOSITION

Woods, 329-889

Approved for general population; no mental health referral

Approved for general population; routine mental health referral

Special Housing - ASAP mental health referral

Suicide precaution procedures- emergency mental health referral

Psychiatric medications order needed

1. Yes No History of outpatient mental health treatment
 2. Yes No History of inpatient mental health treatment
 3. Yes No History of head injury
 4. Yes No History of violent behavior
 5. Yes No History of suicide attempts
 6. Yes No Current suicidal thoughts**
 7. Yes No Current suicidal plan**
 8. Yes No Ability to carry out current suicide plan**
 9. Yes No Unusual behavior/affect**
 10. Yes No Current psychotropic medications (see current medication medical form)
 11. Yes No Hallucinations**
 12. Yes No Was this inmate on caseload at sending institution. If discharged, give date _____

Yes response to items with ** should be referred for either immediate attention or evaluation as dictated by the individual circumstances.

Comments _____

DISPOSITION

Yes No Crisis unit assignments requested (SW) (CW) (OES)
 Yes No Special status assignment requested
 Yes No Routine housing requested
 Yes No Mental health orientation information given to inmate
 Yes No Immediate mental health referral

SUBSTANCE ABUSE SCREENING

Yes No History of Substance Abuse problem
 Yes No Previous Substance Abuse treatment
 Yes No History of problem when ceasing use

		Use Within 6 Months of Confinement Amount/Frequency/Method	Date of Last Use
Alcohol	Yes <input checked="" type="radio"/> No <input type="radio"/>	_____	_____
Amphetamines	Yes <input checked="" type="radio"/> No <input type="radio"/>	_____	_____
Cannabis	Yes <input checked="" type="radio"/> No <input type="radio"/>	_____	_____
Cocaine	Yes <input checked="" type="radio"/> No <input type="radio"/>	_____	_____
Hallucinogens	Yes <input checked="" type="radio"/> No <input type="radio"/>	_____	_____
Inhalants	Yes <input checked="" type="radio"/> No <input type="radio"/>	_____	_____
Opiates	Yes <input checked="" type="radio"/> No <input type="radio"/>	_____	_____
Phencyclidine	Yes <input checked="" type="radio"/> No <input type="radio"/>	_____	_____
Sedatives	Yes <input checked="" type="radio"/> No <input type="radio"/>	_____	_____

Institution _____
 Date of Arrival 6-25-96
 Time of Arrival 11:00 AM
 Date of Interview 6-25-96
 Time of Interview 1:30 PM

CR

Received From

Signature of Interviewer

Printed Name of Interviewer

HCTC
de la
WES Dufur

INMATE NAME WOODS, Bruce

INMATE NUMBER

329-889

INTERDISCIPLINARY PROGRESS NOTES

Date & Time	Document significant events during client's course of treatment; implementation of treatment plan and response to treatment. Sign and title all notes	Dept. or Discipline
7/16/96	RECEIVED FROM CRC, PLACED AT WCI	
7/18/96	FILES SCREENED FOR MENTAL HEALTH HISTORY	
7/26/96	INITIAL CLASSIFICATION SCREENING / DETAILED MENTAL HEALTH SCREENING	

offenses Denies guilt in offenses. He says he doesn't know what he did. In court he learned that victim was moved from the living room to the bed room. Victim is described as a young lady. Doesn't know why he was arrested.

He says if he experiences any mental health problem he would probably need to talk. He says that he believes that he is strong enough to handle any mental health problem that he has. He says that he sleeps a lot. He has suppressed appetite. He denies being depressed, and does not want medication. I see him as clinically depressed. No psychiatric referral will be made at this time. He was advised to take it off his mind.

Ronald A. Pfeiffer
Psychology Unit

6/6 From WCI To SOC/P June 6, 1997

R. J.C., Ph.D.
Psych. Sys.
(over ->)

(continue on reverse side)

WARREN CORRECTIONAL INSTITUTION

WOODS, BRUCE

A329-889

WOODS 129 889

INTERDISCIPLINARY PROGRESS NOTES

Date & Time	Document significant events during client's course of treatment; implementation of treatment plan and response to treatment. Sign and title all notes	Dept or Discipline
4/30/97	<u>Mental Health</u>	
4:00pm	I received a note from Inmate and attempted to speak with him during Seg Rounds. He refused to get out of bed to talk. He returned with note.	(Carolyn D'Orta, PhD)
		Psych Asst 2
		APR 30 1997 Psych Asst 2
7/2/98	I saw the In per his request. When I approached the cell he was asleep, but I woke him up he sat on the edge of his bed and talked (S) He complain that he is beginning to feel as if he will explode. He is increasingly irritable as tends to become quiet as tension builds up (as it is now, he says). His anger is his downfall - and he does not want something to happen again. (O) Alert (I woke him up) coherent, speaks low/quiet, no behavioral problem, stable/calm, more serious, affect appropriate, not suicidal; chart shows a history of suicidal attempts, but contrasted for personal safety. (A) No depression, P/O Impulsive Control Disorder (P) referred to psychiatrist (Dr. Bowe); give literature on stress, anger control, etc.; Follow-up in 1 week. J.A. (Henry Pg.)	
9/20/99	RECD. FROM SOCF, BM, M.H. SEG TCG, CM	
10:25-99	I was seen for M.H. orientation & detailed screening	
10:15AM	Attempts to see D in seg where he was placed soon	
10:40AM	after his transfer to TCG were unproductive. Upon last attempt 10/21/99 I discovered he was just released to g.p. D reported to appt as scheduled for m.h. screening	
	D Inmate spoke very little & in low tones. (can't)	



Detailed Mental Health Screening Form

MENTAL HEALTH HISTORY

<p>1. History of psychotropic medications Current Usage _____ List Medications _____</p> <p>Evidence of EPS _____</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. History of psychiatric hospitalization _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. History of out-patient mental health history _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. History of violence: (check those that apply) <input type="checkbox"/> Behavior <input type="checkbox"/> Threats Kidnapping <input type="checkbox"/> Verbally Assaultive <input checked="" type="checkbox"/> Physically Assaultive	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. History of self-injurious behavior _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. History of head injury, trauma Describe: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Length of time in county jail: _____ Years <u>6</u> Months _____ Days	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. History of placement in any special education programs _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

BEHAVIORAL OBSERVATION

(Check all Relevant Categories)

<input type="checkbox"/> Aggressive	<input type="checkbox"/> Irrational	<input type="checkbox"/> Passive
<input type="checkbox"/> Agitated	<input type="checkbox"/> Labile	<input type="checkbox"/> Rational
<input type="checkbox"/> Delusional	<input checked="" type="checkbox"/> Lethargic	<input type="checkbox"/> Terrified/Crying
<input type="checkbox"/> Eye Contact	<input type="checkbox"/> Loose Associations	<input checked="" type="checkbox"/> Withdrawn
<input type="checkbox"/> Hallucinating	<input type="checkbox"/> Manipulative	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> Paranoia	

MENTAL STATUS EXAMINATION

(Wright in Brief Description)

Affect: flat	Appearance: <u>ok</u>
Concentration: <u>ok</u>	Intellectual Functioning: <u>ok</u>
Mood: seems depressed	Memory: <u>ok</u>
Orientation: <u>OK</u>	Speech: <u>ok</u>
Other:	

Screened By: Robert P. Baker	Title: Psychologist II
Date: 7/26/96	Time: 2:30 PM
Reviewed By: Robert P. Baker	Title: Psych-Sup.
Date: 7-30-96	Time: 2:30 PM

Inmate Name: WOODS, BRUCE	Number: A329-889
Institution: Warren Correctional Institution - WCI	

SUICIDE POTENTIAL SCREENING

1. Correctional or Transporting Officer reports subject may be suicidal risk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2. Experienced a significant loss within the last six months Describe _____	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. Worried about major problems other than legal situation Describe _____	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
4. Holds a position of respect in community and/or alleged crime is shocking in nature.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5. First involvement with legal system	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
6. Appears to feel unusually embarrassed or ashamed	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. Expresses feelings of helplessness or hopelessness	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
8. Shows signs of depression: crying, emotional distress Describe <u>flattened affect</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
9. Appears overly anxious, afraid, or angry	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
10. Is acting and/or talking in a strange manner. (cannot focus attention, hallucinating)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
11. Expresses thought of killing self	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
12. Has made previous suicide attempts: Number _____	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
13. Has a suicide plan Describe _____	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
14. Has the means to carry out the suicide plan	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
15. Family member or significant other has attempted or committed suicide. Relationship _____ Date _____ Method _____	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

TOTAL YES/NO COUNT 1 ✓

If the total yes/no count is six or more, review for special watch status and refer for mental health evaluation.

DISPOSITION

- Approved for general population; no mental health referral
- Approved for general population; routine mental health referral
- Special Housing - ASAP Mental Health Referral
- Suicide precautions - emergency mental health referral
- Psychiatric medications order needed

**WACREN CORRECTIONAL INSTITUTION
MENTAL HEALTH SERVICES
INITIAL CLASSIFICATION CONTACT SHEET**

NAME: WOODS, BRUCE **NUMBER:** A329-889

7/16/96 RECEIVED FROM: CRC INSTITUTION PLACEMENT: WCI

 D.O.B. 10/18/66 RACE: BLACK

MOST RECENT INTAKE EVALUATION: 6/26/96

PREVIOUS NUMBERS: R135-695 A247-326

COMMENTS:

RECORD OF INTELLIGENCE TEST DATA:

BETA: 1/29/86 FORM: II

OPCT: 8/16/91

WAIS:

INTELLIGENCE RATING: BELOW AVERAGE

EDUCATIONAL TEST DATA:

TEST	TEST DATE	
OTIS LENNON:	1/29/86	EDUCATIONAL LEVEL: 7.5

TABE READING:	EDUCATIONAL LEVEL:
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TABE BATTERY:	READING:	ENGLISH:	MATH:
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OVERALL BATTERY:

All information is based upon screening completed at reception, or information gathered at other institutions, and may not be verified.

7/26/96 INITIAL CLASSIFICATION SCREENING

JOB LIMITATIONS: *Mental health problems*

OTHER COMMENTS: *Restricted to low stress job.*

*Ronald P. Jensen
Psychology Att't
R.P. Ph.D.
Psych. Prof.*



Initial Mental Health Screening Form

Provide information in the *Comment* section for all questions answered yes.
All information is based upon self report of inmate.

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	History of outpatient mental health treatment
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	History of inpatient mental health treatment
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	History of head injury
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	History of violent behavior
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	History of suicide attempts**
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Current suicidal thoughts**
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Current suicide plan**
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Ability to carry out current suicide plan**
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Unusual behavior/affect**
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Current psychotropic medications (see current medication on medical form)
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Hallucinations**
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Was this inmate on caseload at sending institution. If discharged, give date:

Yes responded to items with ** should be referred for either immediate attention or evaluation as dictated by the individual circumstances.

Comments:

DISPOSITION

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Crisis unit assignment requested (SW)(CW)(OBS)
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Special status assignment requested
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Routine housing requested
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Mental health orientation information given to inmate
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Immediate mental health referral

Frequency of Use Codes:

- 1= Less than 12 times yearly
- 2= Once per month
- 3= Once per week
- 4= 2 - 3 times per week
- 5= More than 3 times per week
- 6= Once daily
- 7= 2 or 3 times daily
- 9= Binge

SUBSTANCE ABUSE SCREENING

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	History of Substance Abuse problem.
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previous Substance Abuse treatment.
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	History of problem when ceasing use.

	Amount	Frequency	Method	Date of Last Use
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Alcohol	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Amphetamines	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Cannabis	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Cocaine	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Hallucinogens	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inhalants	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Nicotine	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Opiates	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Phencyclidine	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Sedatives	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

Method of Administration Coding:

- 1= Oral
- 2= Intravenous
- 3= Intramuscular
- 4= Inhalation
- 5= Smoking
- 6= Freebase
- 7= Other

Date of Interview:	Signature/Title of Interviewer:		
6/6/97	Cory Taylor, Psych. Ass. II		
Time of Interview:	Institution:	Printed Name/Title of Interviewer:	
1:20 PM	SOCF	Cory Taylor	Psych. Ass. II
Date of Arrival at Institution:	Time of Arrival at Institution:	Received from:	
6/6/97	12:05 PM	WCI	
Inmate Name:	Inmate Number: 329-889		



Detailed Mental Health Screening

MENTAL HEALTH HISTORY

1.	History of psychotropic medications Current usage List Medications	<i>antidepressants - about '95, '96 nothing current</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.	Evidence of EPS		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	History of psychiatric hospitalization A) Name of facility/provider:	<i>Cinn. Ohio Psych. Institute</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	B) Date: From <u>1990</u> To _____	Requested Records:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	History of out-patient mental health treatment A) Name of facility/provider:	<i>Cinn. Ohio following Hospital</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	B) Date: From <u>1990</u> To _____	Requested Records:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	History of violence: (check those that apply)	<input type="checkbox"/> Behavior <input type="checkbox"/> Threats <input type="checkbox"/> Verbally Assaultive <input type="checkbox"/> Physically Assaultive	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Comments:	<i>A.O. Kidnapping, Robbery, Burglary.</i>	
5.	History of self-injurious behavior Comments:	<i>2x</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	History of head injury, trauma Describe:	<i>IX</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Comments:	<i>Fighting - hit on head & fell bat L.O.C. briefly -</i>	
7.	Length of time in county jail:	Years _____ Months _____ Days _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Previous Prison Incarceration State:	<i>Ohio</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9.	History of placement in any special education programs Unit:	<i>Youth Dev. Centers Hill Crest, Buckeye, Twenty-Twenty(?) grad Cinn. ohio</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you ever received services from the County Board of MR/DD?	Requested Records:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Screened By:	<i>Carol Moore, D.A.</i>		
Date:	<i>10-25-99</i>		
Reviewed By:	<i>A.M. Ricciardi, Ph.D.</i>		
Date:	<i>10-26-99</i>		
Inmate Name:	<i>Woods, Bruce</i>		
Institution:	<i>TCI</i>		
	Date of Arrival:	<i>9/20/99</i>	
Number: <i>329-889</i>			

BEHAVIORAL OBSERVATION
(Check all Relevant Categories)

<input type="checkbox"/> Aggressive	<input type="checkbox"/> Irrational	<input type="checkbox"/> Passive
<input type="checkbox"/> Agitated	<input type="checkbox"/> Labile	<input type="checkbox"/> Withdrawn
<input type="checkbox"/> Delusional	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Terrified/Crying
<input type="checkbox"/> Eye Contact	<input type="checkbox"/> Loose Associations	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hallucinating	<input type="checkbox"/> Manipulative	
<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> Paranoia	

Comments:

MENTAL STATUS EXAMINATION
(Write in Brief Description)

Affect:

blunted, appeared to have difficulty focusing

Appearance:

dressed in prison blues

Concentration:

appeared to have difficulty focusing

Intellectual Functioning:

average

Mood:

depressed

Memory:

appears to have some diffi

Orientation:

X3

Speech:

*poverty of speech - relevant wh
he did respond - soft quiet
difficult to understand but
repeated if asked*

Other:

SUICIDE POTENTIAL SCREENING

1. Correctional or Transporting Officer reports inmate may be suicidal risk.

Yes No

2. Experienced a significant loss within last six months.

Yes No

Describe: _____

3. Worried about major problems other than legal situation.

Yes No

Describe: _____

4. Holds position of respect in community and/or alleged crime is shocking in nature.

Yes No

*Kidnapping
(did not give details)*

5. First involvement with legal system.

Yes No

Describe: _____

6. Appears to feel unusually embarrassed or ashamed.

Yes No

7. Expresses feelings of helplessness or hopelessness.

Yes No

8. Shows signs of depression: crying, emotional flatness

Yes No

Describe: _____

*refuse to do any
for full evaluation*

9. Appears overly anxious, afraid, or angry.

Yes No

10. Is acting and/or talking in a strange manner. (cannot focus attention, hallucinating)

Yes No

SUICIDE POTENTIAL SCREENING (continued)

11.	Has made previous suicide attempts.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Date of most Recent Attempt: <u>1990</u>	Method: _____	
	Number: <u>2X</u>		
12.	Expresses thoughts of killing self.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
13.	Has a suicide plan.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Describe: <u>Denies current thoughts</u>		
14.	Has the means to carry out the suicide plan.	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes
15.	Family member or significant other has attempted or committed suicide.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Relationship: _____		
	Date: _____	Method: _____	

TOTAL YES/NO COUNT

 Yes 14 No

If there are any checks in the Behavioral Observation Section (pg. 1), or if the total yes count in Suicide Potential Screening

DISPOSITION

(check all appropriate boxes)

- Place on continuous suicide watch
- Place on close suicide watch
- Psychiatric medication order needed

REFERRAL FOR MENTAL HEALTH EVALUATION

(check one box)

- Emergency referral (1 hr)
- ASAP referral (3 days)
- Routine referral (30 days)
- No referral

(check one box)

- Place in crisis/safe cell
- Place in special housing
- Place in RTU
- Place in general population

Mental Health Classification Assigned

- N
- C₁
- C₂
- C₃

Comments:

Immediate
Referral to Dr King for full eval.

Inmate Name:

Number:

Mental Health Nursing Assessment

Institution:	Lock:	Date:
TCJ		11/28/99
Inmate Name:	Number:	Date of Birth:
Woods, Bruce	329-889	10/18/66
Age: 33		

Biophysical Assessment/History

BP 120/70	P 80	R 20	Ht 5'6"	Wt 161.5	Allergies: NKA
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Past Medical History: Diabetes Heart Disease Kidney Disease Hypertension Cancer TB
 Seizure D/O COPD Liver Disease Stroke Back Problems Peptic Ulcer Dis
 Congenital D/O Peripheral Vasc Dis Other: none per *+*

Assistive Devices: Walker Crutches Cane Wheelchair Artificial Limb(s)
 Artificial Larynx Glasses Hearing Aid Partial Dentures Upper Dentures Lower Dentures

Major Illnesses / Accidents / Surgeries / etc:
*day Hosp - Head injury from being hit by a baseball bat around age 13
 Gun shot in back at age 16*

Current Medical Problems:

6 Stitches in lip 9 days ago from "horseplay"

Current Medical Medications / Dosages:

Compliance: More than 100% Less than 0% 50%

Only Tolfanate Powder for athlete's foot.

Sleep Pattern: Insomnia Difficulty Falling Asleep Difficulty Waking Up Other: *Sleep in daytime
 2 hrs at night*

Tobacco / Amt.: _____ Caffeine / Amt.: _____

Hygiene: Good Fair Poor
Showers 7 times a week

Deficit Identified: _____

Psychiatric History

Symptoms of First Psychiatric Event / Age at Onset:

*Age 13 (grade 8) spent 18 mos at Hillcrest in Cincinnati
 (Juvenile TX Center), "Saw spots" "said to be withdraw*

Psychiatric Hospitalizations / Treatment / Medications:

Put on Thorazine at age 13 1/2

Side Effects Experienced / Causative Medications:

none remembered

Psychotropic Medication Compliance

100% 0% 50% More Less
on no meds. 100% 0% 50% More Less

Known Dosages: Yes No

Known Side Effects: Yes No

History of Aggression / Acting Out Behavior:

Yes

No

Last Episode (explain):

Since 10 th grade

*1996 in prison
 ... in 100,*

Appetite: Good Fair Poor Appears adequately nourished Deficit (explain):
eats one meal per day usually.

History of Failure to Eat / Hunger Strikes: Yes No Last Episode (explain):

Educational Assessment

Highest Grade Completed: 12th grade

Regular Classes Special Education Type: General Studies
mostly some ones class

Able to understand Current Diagnosis Able to Read Able to Write Able to Communicate
 Unable to understand Current Diagnosis Unable to Read Unable to Write Unable to Communicate

Mental Status

Age: Appears Stated Age

Appears Younger Appear Older

Dress/Grooming: Appropriate

Seductive Bizarre

Posture: Unremarkable

Rigid Stooped

Facial: Unremarkable

Hostile Worried Tearful Sad

Eyes: Unremarkable

Glances Furtively Poor Eye Contact

Motor Activity: Increased

Decreased Gait Unsteady Gait Rigid Gait Slow

Agitation Tremors

Tics

General Attitude/Behavior:

Spontaneous Preoccupied Suspicious Argumentative

Self-destructive

Withdrawn Regressed Seductive Hostile

Mood/Affect: Flat

Depressed Euphoric Apathetic Fearful Labile

Blunt Inappropriate

Constricted

Speech/Communication:

Normal Aphasia Slurred Rapid Mute

Flight of Ideas

Confabulation Muttering Tangential Association

Over Productive

Thought Content:

Suicidal Thoughts/Plans Homicidal Thoughts/Plans Antisocial Attitudes

Phobias Indecisiveness

Self-derogatory Excessive Religion Bizarre

Assaultive Ideas

Hypocondriasis Alienation Blames Others Suspiciousness

Helplessness

Self Pity Inadequacy Poverty of Content Ideas of Guilt

Obsessive

No Deficit Identified

Abstract Thinking:

Unimpaired Concrete

Delusions:

None Persecution Reference Influence Somatic

Systematized

Other: _____

Hallucinations:

None Auditory Visual Olfactory Tactile *Denies*

Memory:

Grossly Intact Inability to Concentrate Poor Recent Memory

Poor Remote Memory

Insight/Judgment:

Unimpaired Poor Judgment Poor Insight

Doesn't know reason for being here

Unmotivated for Treatment

Strengths:

"I can deal with anything"

Weaknesses:

"not trusting people"

Additional Comments:

Nurse Name (print): <u>Pat Nicastro RN</u>	Date: <u>11/28/99</u>
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Institution T.C.I.

ODRC MENTAL HEALTH EVALUATION

Inmate Name: Bruce Woods No. 329 D.O.B. 10/18/68
889

Referral Source:

- Self
- Segregation
- Housing Unit
- Parole Board
- Administration

- Medical
- MH Initial Screening
- MH Detailed Screening
- Religious Services
- Rules Infraction Board

- Recovery Services
- Education
- Job Assignment
- Other admitted
by Dr. Liqig

Inmate Housing at Time of Referral: (check one)

General Population Segregation Crisis Bed Infirmary (Not Crisis Bed)
 Other _____

(I) Increasing depression; potential for suicide attempt
 (II) Inmate admitted to 15W from 15 E on 11/27/99.

I. Reason for Referral (Presenting Problem)
 He was referred by Ms. Moore MHT to me around 10/20/99.
 She was concerned due to his depressed mood, lowered
 level, withdrawn, resistive, noncommunicative behavior.
 He also has history of psychiatric hospitalizations + 2
 suicide attempts / gestures. I saw him 10/28/99 in
 segregation. Presentation similar to what is described
 above. I saw him again 11/11 and 11/16. Chief
 complaint was too far away from his family to
 receive visits and he wanted a "hardship" transfer
 to Warren CI. He sent me a letter that I received
 11/22/99. He complained of being depressed - crying,
 sleep, appetite & tended to have suicidal
 ideas, but did not say explicitly. He also hinted that
 he may "go off" if he was to stay at TCI.
 I spoke to his block officer 11/27. He said he had been
 often in his cell & believed he was being harassed
 by other inmates. He had been in altered status a few
 days prior & had been admitted. He was admitted
 to 15W due to ↑ depression. He was going re:
 his dental visit or exam, but didn't like dental
 he was not going to do anything because of young
 holidays. I put him in 15W for a few
 days. ~~He was in 15W for about 10 days.~~

II. History of Present Illness

III. Psychiatric History (In-patient/ Out-patient Treatment)
 -Include current medications if any

IV. Medical History
 -Include current medications

V. Alcohol & Substance Use History

VI. Personal History

III

Off his medication since 11/11/99.

Symptoms previously & ~~presented~~ also include:

Irritability, anger, depressive mood, blunted affect, psychomotor retardation

III) Records indicate 3 prior suicide attempts - one by cutting his wrists, poor psychotropic hospitalization. ~~Two~~ attempts made by hanging.

IV) Negative

V) History of alcohol & psychotropic abuse

Inmate Name: Bruce Woods No. 329489 D.O.B. 10/14/69

VII. Social History Born in Winnipeg, oldest of 3 children
11+ grade education

VIII. Occupational History Limited work history

IX. Family History Negative

X. Criminal Justice History (Current Conviction & Sentence; Prior Arrests & Convictions) Instant offense: Kidnapping; Robbery;
Burglary. 3-15 Juvenile history: 19710 → arrested
19710 → att. 11 years
1974 → Buckley Youth Center
~~Detention~~
Difficulty functioning
in CP.

XI. Institutional Adjustment Poor

XII. Mental Status Examination A. Appearance & Behavior Blunted affect, disengaged

B. Mood & Affect Dismayed

C. Speech & Language Normal

D. Thought Process Normal

E. Thought Content & Perceptions Unengaged

F. Cognitive Assessment Poor

G. Suicide/Violence Risk Assessment:

-Past Suicidal Ideation/Attempts (date & method):

3 by self, pruriently to

-Current Suicidal Ideation/Behavior:

Vague

-Past Violent/Assaultive Behavior:

History of this

-Present Ideas/Behaviors:
'derived'

Inmate Name: Bonnie Woods No. 329 D.O.B. 01/11/69
189

H. Insight/Judgement
Nore/Roor

XIII. Psychological Testing Results

N/A

XIV. Diagnostic Impression

Axis I: Major Depressive Disorder NOS b) Alcohol Abuse c) child abuse

Axis II: Personality Disorder NOS - antisocial & borderline; passive aggressive

Axis III: Nore

Axis IV: Unspecified

Axis V: GAF = 30

XV. Treatment Recommendations (including medications, labs ordered)

1st Axis I; BE explained
Adjust follow monitor

XVI. Disposition (check one)

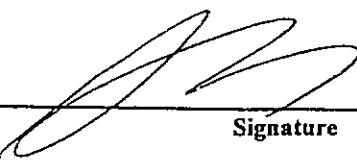
General Out-Patient Caseload
 Psychiatric Out-Patient Caseload
 Residential Treatment Unit
 Crisis Bed

Probate
 Sex Offender Caseload
 No Further Services Requested
 Other _____

Next Appointment:

See Clark-Galle

XVII. Name, Title and Signature of Evaluator Name/Title


Signature


12/11/99



Detailed Mental Health Screening

MENTAL HEALTH HISTORY

<p>1. History of psychotropic medications Current usage List Medications</p> <p><i>Paxil</i></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>2. History of psychiatric hospitalization</p> <p>A) Name of facility/provider: <i>Cinn., OH for Depression, Att. Suicide</i></p> <p>B) Date: From <i>1990</i> To _____ Requested Records:</p>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>3. History of out-patient mental health treatment</p> <p>A) Name of facility/provider: <i>Cinn., OH (Agency unknown)</i></p> <p>B) Date: From <i>1990</i> To _____ Requested Records:</p>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>4. History of violence: (check those that apply)</p> <p><input type="checkbox"/> Behavior <input type="checkbox"/> Threats <input checked="" type="checkbox"/> Verbally Assaultive <input checked="" type="checkbox"/> Physically Assaultive</p> <p>Comments: <i>Robbery Kidnapping</i></p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>5. History of self-injurious behavior</p> <p>Comments: <i>Cut on self "to get C.O.'s attention"</i></p>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>6. History of head injury, trauma</p> <p>Describe: <i>Hit with a bat in the head about</i></p> <p>Comments:</p>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>7. Length of time in county jail: _____ Years _____ Months <i>100</i> Days</p>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>8. Previous Prision Incarceration State: <i>OH</i></p> <p>- <i>1986 Robbery</i> - <i>1991 DV - RSP, Drug Crashes</i></p> <p>Requested Records:</p>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>9. History of placement in any special education programs</p> <p>Unit:</p>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>10. Have you ever received services from the County Board of MR/DD?</p> <p>Requested Records:</p>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Screened By: <i>Kim Demeter</i>	Title: <i>SWE</i>
Date: <i>4/27/00</i>	Time: <i>8:30 am</i>
Reviewed By: <i>K. Washington, P.T.</i>	Title: <i>Psych. Sp</i>
Date: <i>4-27-00</i>	Time: <i>2:24 PM</i>
Inmate Name: <i>Woods</i>	Number: <i>329-889</i>
Institution: <i>W.R.I.</i>	Date of Arrival: <i>4/18/00</i>